



Father Champlin's

Guardian **ANGEL** Society
wings for education

TUITION ASSISTANCE APPLICATION CHECKLIST

Deadline: Wednesday, April 30, 2025

For Elementary School Students Entering Grades K-6

In order to be considered for Guardian Angel Society tuition assistance for Elementary School the student must be attending either Blessed Sacrament or Most Holy Rosary.

Information Required & Signed:

- ☐ Parent/Guardian Application
- ☐ Photo/Media Release Authorization
- ☐ Consent to Release Academic Data for Society Programs
- ☐ Copy of **2024 Federal Income Tax return** of the parent/guardian **who claims the child on this application** for assistance.
(NO W-2 STATEMENTS)

Mail To:

Father Champlin's Guardian Angel Society
Attn: Tuition Assistance Review Committee
259 East Onondaga Street
Syracuse, NY 13202
(315) 422-7218 / (315) 422-2471 (Fax)

All Guardian Angel Society applications must include parent(s)/guardian(s) 2024 income tax returns. Formal award letters will be sent in June to parents/guardians of tuition scholarship.

If you need help with this application, please call the Guardian Angel office at (315) 422-2718.
If you need extra copies of this application, visit GuardianAngelSoc.org.



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PARENT/GUARDIAN APPLICATION FOR 2025-2026 TUITION ASSISTANCE

This application must be completed by the parent or legal guardian and returned by **WED., APRIL 30, 2025**
Please Print Clearly.

Child's First Name: _____ Child's Last Name: _____
Application Date: _____ Upcoming Grade: _____

FATHER NAME: _____
Address / City / State / Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____
Employer Name: _____ Phone # _____
Employer Address / City / State / Zip: _____

MOTHER NAME: _____
Address / City / State / Zip: _____

Home Phone _____ Cell Phone _____ Email Address _____
Employer Name: _____ Phone # _____
Employer Address / City / State / Zip: _____

LEGAL GUARDIAN NAME: _____
Address / City / State / Zip: _____

Home Phone _____ Cell Phone _____ Email Address _____
Employer Name: _____ Phone # _____
Employer Address / City / State / Zip: _____

List any other children in your household attending Blessed Sacrament, Most Holy Rosary, Bishop Ludden/Grimes or CBA.

Student Name	School	Grade in Sept
_____	_____	_____
_____	_____	_____
_____	_____	_____

(OVER) ➡

Page 2

Please answer the following questions. If you need additional space, please attach an additional page to the application.

1. What special circumstances are requiring you to request tuition assistance from *Father Champlin's Guardian Angel Society*? (unemployed, illness, recent death)

2. How much tuition can you and family members pay:
(ALL FAMILIES MUST PAY SOMETHING)

Per Month: \$ _____ Per Year: \$ _____

3. The Guardian Angel Society provides a Mentor & Tutor Program. Would you like your child(ren) to have a mentor? ____ Yes ____ No

4. If you are awarded a scholarship, would you or your child be able to help the Guardian Angel Society with fund raising activities or special projects if the need arises? (i.e. events-set up, decorations, etc. or mailings) **(Circle one)**

Parent Availability:

____ Yes, we would be available to assist.

Here is the best phone # to reach me at: _____

Best Time: ____ Mornings ____ Afternoons ____ Evenings

____ No, we are unable to help.

5. Race (optional):

____ African-American ____ Asian ____ Hispanic
____ Sudanese ____ White ____ Other: _____



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259 E. Onondaga Street * Syracuse, New York 13202 * (315) 422-7218

Photo/Media Release Authorization

For School Year: 2025-2026

I understand that Father Champlin's Guardian Angel Society will be publishing certain advertisements relative to the school and that a picture or other material including my child or me may be included in one or more of those advertisements. I give Father Champlin's Guardian Angel Society permission to use any photograph, videotape, zoom meeting material, or other recording for public viewing in any print or broadcast media (e.g., radio, newspapers, magazines, brochures, newsletters, television etc.) or in displays. I also permit the school and anyone acting on their behalf to use any statement or part of any statement that I chose to make in any such broadcast, article, or display.

I release the Guardian Angel Society, employees, agents, and representatives from any liability arising out of the use of any such photograph, videotape, other recording, or statement for public viewing in any print or broadcast media.

This release may be revoked by me at any time in writing. Any such revocation will apply to the future use of any picture, film statement, of my child or me, but will not apply to any materials already produced and in use by the Guardian Angel Society or school. I intend the release to be binding upon me, my heirs, executors, administrators, successors and/or assigns. If I am signing this release on behalf of a minor child, I warrant that I have custody of the child and am authorized to do so and that this release shall be binding upon such child, unless otherwise revoked as stated above.

STUDENT INFORMATION FOR SCHOOL YEAR 2025-2026:

STUDENT NAME: _____

STUDENT'S SCHOOL: _____

STUDENT WILL BE ENTERING GRADE: _____

SIGNATURE OF PARENT/GUARDIAN:

DATED: _____ SIGNATURE: _____

PRINT NAME: _____



*This form allows information about your child to be exchanged with the mentors and tutors of Father Champlin's Guardian Angel Society. Please fill out **one form per child**, sign, and return.*

Student Legal Name:	Date of Request:
School:	Grade:
Parent/Guardian Name(s):	
Parent/Guardian Address:	

I hereby authorize BSS or MHR or Bishop Ludden/Grimes or Christian Brothers Academy (circle the school your child attends) and its staff to release academic information (average, GPA, progress report grades, report card grades, test scores, academic skill information, etc.), transcript of grades, homework assignments, teacher observations of in-class habits and behaviors, extra-curricular involvement, and access to his/her Student Portal to:

**Father Champlin's Guardian Angel Society
Mentors, Tutors and Society Program Leaders**

The purpose of this request is to allow the Guardian Angel Society Mentors, Tutors, and Society Program Leaders access to my child's academic information in order to allow them to assist him/her in his/her academic progress and performance.

I understand that this authorization takes effect the day I sign it. This release of information form will be in effect for the 2025-2026 school year. I also understand that I may revoke this authorization at any time by providing a signed, written notice of revocation to my child's school. A photocopy or facsimile of this authorization has the same legal effect as the original.

In accordance with Federal and State laws, I, parent or guardian of a student at an educational institution, under the age of 18, consent to the release of personally identifiable information from the education records of my son/daughter. I understand that the personally identifiable information will be disclosed by his/her school to the organization listed above. This information may not be disclosed to others and will be destroyed when the information is no longer needed.

Parent/Guardian Signature

Date Signed